REQUEST

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International Application No.
International Filing Date
,
Name of receiving Office and "PCT International Application"

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.	Name of receiving Office and "PCT International Application"			
	Applicant's or agent's file (if desired) (12 characters m			
Box No. I TITLE OF INVENTION				
Method and device for the WFQ statistical multiplexi	ng of ATM flows			
Box No. II APPLICANT				
Name and address: (Family name followed by given name: for a legal The address must include postal code and name of country. The country Box is the applicant's State (that is, country) of residence if no State of n	entity, full official designation. If the address indicated in this esidence is indicated below.)	This person is also inventor.		
ITALTEL SPA Via A. di Tocqueville, 13	-	Telephone No. +39.02.43887701		
20154 MILANO IT		Facsimile No. +39.02.43887703		
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This person is applicant all designated all designate for the purposes of:		Jnited States the States indicated in the Supplemental Box		
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This person is applicant for the purposes of: all designated the United States all designated the United States		Jnited States the States indicated in the Supplemental Box		
Further applicants and/or (further) inventors are indicated	on a continuation sheet.			
Box No. IV AGENT OR COMMON REPRESENTATIVE	; OR ADDRESS FOR CO	RRESPONDENCE		
The person identified below is hereby/has been appointed to act of the applicant(s) before the competent International Authorities	on behalf as:	common representative		
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c/o Siemens Information and Communication Network Cascina Castelletto 20019 SETTIMO MILANESE	rks S.p.A.	Facsimile No. +39.02.43887703		
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Form PCT/RO/101 (first sheet) (July 1998; reprint July 1999)	hich correspondence should	be sent. See Notes to the request form		
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Sheet No. 2

Continuation of Box No. III FURTHER APPLICANTS AND/OR (FURTHER) INVENTORS						
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This person is applicant all designated for the purposes of:						
Name and address: (Family name followed by given name: for a legal entity, The address must include postal code and name of country. The country of the is Box is the applicant's State (that is, country) of residence if no State of resident PASTORINO, ALESSANDRO Via della Maddalena, 3 15028 QUATTORDIO (AL) IT	address indicated in this					
State (that is, country) of nationality: State (that is, country) of residence: IT						
This person is applicant for the purposes of: all designated states except the United States of America only the Supplemental Box						
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Precautionary Designation Statement: In addition to the designations made above, the applicant also makes under Rule 4.9(b) all other designations which would be permitted under the PCT except any designation(s) indicated in the Supplemental Box as being excluded from the scope of this statement. The applicant declares that those additional designations are subject to confirmation and that any designation which is not confirmed before the expiration of 15 months from the priority date is to be regarded as withdrawn bythe applicant at the expiration of that time limit. (Confirmation of a designation consists of the filing of a notice specifying that designation and the payment of the designation and confirmation fees. Confirmation must reach the receiving Office within the 15-month time limit.)

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description (excluding sequence listing part) : 29	-		-	reference number, if any	<i>r</i> :		
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